

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1	b	1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	10		1		1	
13	10		1		1	
14	10		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	1		1		1	
24	1		1		1	
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26	9					
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TOTAL IND.	17	↓	14	↓	14	↓
TOTAL DEP.	56	←		←	47	←
TOTAL CLAIMS	73				61	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						